

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004 8:00 am
Secretary of State

06-28-2004 90011 033 ****61.25



DOCUMENT # N47899
 1. Entity Name
THE FLORIDA CHAPTER OF THE MARKETING RESEARCH ASSOCIATION, INC.

Principal Place of Business
 1655 PALM BEACH LAKES BLVD
 STE 203
 WEST PALM BEACH, FL. 33401-2203 US

Mailing Address
 1655 PALM BEACH LAKES BLVD
 STE 203
 WEST PALM BEACH, FL 33401-2203 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

06232004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3116150

5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent
SCHLEIFER, BOB
 5015 S. FLORIDA AVE
 STE 301
 LAKELAND, FL 33813

7. Name and Address of New Registered Agent
 Name: **Ashaki Williams**
 Street Address (P.O. Box Number is Not Acceptable): **2525 Drane Field Road**
Suite 15
 City: **Lakeland** FL Zip Code: **33811**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Ashaki Williams DATE: 6/23/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	HUDSON, ANN	
STREET ADDRESS	101 PHILIPPE PARKWAY, STE A	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALMEIDA, CAROL	
STREET ADDRESS	1061 E. INDIANTOWN RD, STE 204	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCANLON, MINDY	
STREET ADDRESS	4014 GUNN HWY, STE 110	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	P	<input type="checkbox"/> Delete
NAME	IANNUCCI, JACKIE	
STREET ADDRESS	1655 PALM BEACH LAKES BLVD, STE 201	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEAPER, DEBORAH	
STREET ADDRESS	2290 LUCIEN WAY	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARRIS, ANGELA	
STREET ADDRESS	2020 N.W. RIVER GLEN AVENUE	
CITY-ST-ZIP	HIGH SPRINGS, FL 32655	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ashaki Williams DATE: 6/23/04 DAYTIME PHONE #: 863-709-0553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR